

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2021
NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 6/22/21 through 6/24/21. Michael J Fitzmaurice South Dakota Veterans Home was found not in compliance with the following requirements: F554, F563, F692, and F909.	F 000			
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure appropriate steps had been completed to support one of one sampled resident (53) who administered his own inhaler and one of one sampled resident (16) who administered his own nose spray. Findings include: 1. Observation and interview on 6/22/21 at 2:40 p.m. with registered nurse (RN) G while administering resident 53's medications revealed: *He had his own physician ordered inhaler that he usually kept in his shirt pocket and used as needed (PRN). *She had thought his ability to keep and use that inhaler on his own had been assessed. Review of resident 53's care record revealed: *A physician order for that inhaler. -That order had not stated the resident was able to keep and administer that medication himself.	F 554	F554: Resident self-administration of medication – Clinically Appropriate: A medication self- administration assessment was completed on resident 53 on 06/25/2021 and after successful completion a physician's order for self - administration of inhaler was obtained on 06/25/2021. A medication self- administration assessment was completed unsuccessfully on resident 16 on 07/15/2021. Resident is not allowed to administer nasal spray by himself. Medication self-administration assessments are performed annually and quarterly according to the MDS schedule and as needed for significant change (A significant change assessment is a decline or improvement in a resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, 2. is not "self-limiting" impacts more than one area of the resident's health and 3. requires interdisciplinary review and or revision of the care plan).	Resident 53 assessment completed on 06/25/2021 Resident 16 assessment completed on 07/15/2021	
			F554 Continued on Next Page		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brod Richardson

Superintendent

28 JUL 21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 554	<p>Continued From page 1</p> <p>*There was no medication self-administration assessment completed for that inhaler.</p> <p>2. Observation and interview on 6/23/21 at 11:30 a.m. with certified homemaker (facility name for certified nurse aide/medication aide) (CH) L in resident 16's room revealed she:</p> <p>*Prepared then handed resident 16 a saline nasal spray that he administered himself.</p> <p>*Was not certain if a physician order was needed or a medication self-administration assessment was completed prior to allowing a resident to take their own medication.</p> <p>*Stated she had been a CH less than one month.</p> <p>Review of resident 16's care record revealed:</p> <p>*A physician order for that nose spray.</p> <p>-That order had not stated the resident was able to administer that medication himself.</p> <p>*There was no medication self-administration assessment completed for that nose spray.</p> <p>Interview on 6/23/21 at 3:00 p.m. with director of nursing B regarding above findings revealed she:</p> <p>*Confirmed there were no physician orders for resident 53 to keep and administer his own inhaler or for resident 16 to administer his own nasal spray.</p> <p>*Confirmed medication self-administration assessments had not been completed for resident 53's inhaler or resident 16's nasal spray.</p> <p>*Had expected when regular comprehensive resident assessments had been completed the interdisciplinary team had discussed the appropriateness of a resident self-administering their own medication.</p> <p>-Expected skill assessments were completed and physician orders received for appropriate</p>			F 554	<p>The Resident Care Coordinator will audit all residents weekly per the MDS schedule to ensure that an assessment has been completed. Audit results will be reviewed monthly at QAPI. Once results have been maintained weekly at 100% for 3 consecutive months the audits will be reduced to monthly per QAPI committee approval. An order will be obtained from the physician for medication self – administration for those residents that successfully completed the assessment.</p> <p>See attached assessment/order A1 (Self-Medication Assessment) and A2 (Doctors Orders Page 1) for Resident 53.</p> <p>See attached assessment A3 (Self-Medication Administration Assessment) for Resident 16.</p>		

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F 554	Continued From page 2 residents this applied to. Review of the provider's 6/8/21 updated Self-Administration of Medications policy revealed: **"1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident."	F 554			
F 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when	F 563	F563: Right to Receive/Deny Visitors: The wife of resident #62 was contacted by the Social Worker on June 25, 2021 and compassionate care visitations were re-instated on that date per the Coronavirus policy section: B updated 7/22/2021 (see attachment B, Page 8). All resident POA / family members will be reviewed by the Infection Preventionist, Resident Care Coordinator and/or Social Worker to determine if they meet the "compassionate caregiver" criteria. This will be completed by 8/31/21. F563: Continued on Next Page		06/25/2021

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F 563	<p>Continued From page 3</p> <p>such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure compassionate care visits had been allowed for one of one sampled resident (#62). Findings include:</p> <p>1. Observation and interview on 6/22/21 from 2:46 p.m. through 3:30 p.m. with resident 62 and his wife revealed:</p> <p>*Resident 62 had been nonverbal with this surveyor's introduction and with simple yes or no questions.</p> <p>*His wife had been in the room for a scheduled visit. She indicated:</p> <p>-He had been unable to carry a conversation or state his needs for quite some time.</p> <p>-The previous six months he had been placed on comfort care status.</p> <p>--Comfort care status meaning end of life cares and the family had elected to keep him comfortable with only comfort medications to be provided.</p> <p>-While the resident had been on comfort care status, she had been able to visit when she wanted multiple times a week for several hours at a time.</p> <p>-She would often visit in the evenings and assist the resident with the evening meal.</p> <p>-She had been the only regular visitor the resident received during the week.</p> <p>--His daughter had visited on the weekends.</p> <p>*She had been notified her husband had been</p>	F 563	<p>The Resident Care Coordinator will audit all residents weekly per the MDS schedule and as needed for a significant change to ensure that an assessment has been completed. Audit results will be reviewed monthly at QAPI. Once results have been maintained at 100% for 3 consecutive months the audits will be reduced to monthly per QAPI committee approval.</p> <p>F563 Continued on Next Page</p>		

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F 563	<p>Continued From page 4</p> <p>removed from comfort care status on 6/17/21 by a phone call from the provider.</p> <p>-She had been told she could no longer visit at any time.</p> <p>-She had informed the provider of her concern her husband would decline if she would not be allowed to visit in the evenings.</p> <p>*She stated last week she had received a letter in the mail from the provider informing her:</p> <p>-Appointment time slots had to be scheduled in advance.</p> <p>-There were only four time slots available each day.</p> <p>-There were no visits in the evenings or on Saturdays.</p> <p>-Sunday visits were reserved for family that had been unable to visit during the week.</p> <p>-Visits would only last one hour.</p> <p>*Due to her work schedule, she often could not visit during the allotted time slots.</p> <p>-She would only be able to visit the resident one time this week and would no longer be able to assist the resident with his evening meal and fluid intake.</p> <p>-She was very unhappy with limited visits and worried the resident would decline.</p> <p>Review of resident 62's medical record revealed:</p> <p>*Diagnoses of dementia without behavioral disturbance and atrial fibrillation.</p> <p>*His brief interview of mental status score was 0, indicating a severe cognitive impairment.</p> <p>*His code status had been "do not resuscitate" and "do not intubate" (DNR/DNI).</p> <p>*His 6/9/21 care plan indicated he had required total assistance of one with receiving food and fluids.</p> <p>*He had been removed from comfort care status</p>	F 563	<p>B. Compassionate Care Visit</p> <p>a. While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations.</p> <p>i. Examples of other types of compassionate care situations include, but are not limited to:</p> <ol style="list-style-type: none"> 1. A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support. 2. A resident who is grieving after a friend or family member recently passed away. 3. A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration. 4. A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past). <p>F563 Continued on Next Page</p>		

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F 563	<p>Continued From page 5</p> <p>by a medical provider on 6/17/21 due to his stable condition and no longer meeting requirements for comfort care status.</p> <p>Interview and review of the 3/10/21 Centers for Medicare and Medicaid Services (CMS) Quality and Safety Oversight (QSO) Memo 20-39-NH 'Compassionate Care Visits' section on 6/24/21 at 1:25 p.m. with director of nursing (DON) B and assistant director of nursing (ADON) C regarding resident 62 revealed:</p> <p>*During the previous six months, he had been on comfort care status.</p> <p>-He had been removed from this status on 6/17/21 because his health had stabilized.</p> <p>*His wife had been the only one who came to visit several times a week for several hours at a time.</p> <p>*During the previous six months on multiple occasions she had stated concern to the provider he would decline if she would not be allowed to visit in the evenings.</p> <p>*Agreed the resident required assistance with eating and drinking.</p> <p>-They had no documentation his wife had assisted him with eating and drinking in the evenings.</p> <p>*Agreed the resident's wife qualified for compassionate care visits.</p> <p>Review of a copy of the provider's 3/11/21 letter that had been sent to the resident's wife last week after his condition was considered stable, revealed in part:</p> <p>*"We are happy to announce that we have updated our visit guidelines for the South Dakota Veterans Home. Centers for Medicare and Medicaid Services has worked with the CDC to</p>	F 563	<p>b. Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included. Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.</p> <p>c. New residents will be reviewed on admission, annually and quarterly per the MDS schedule and as needed due to a significant change (a significant change assessment is 1. a decline or improvement in a resident's status that will not normally resolve itself without intervention by staff or by implementing stand disease-related clinical interventions, 2. is not "self-limiting" impacts more than one area of the resident's health and 3. requires interdisciplinary review and or revision of the care plan).</p> <p>F563 Continued on Next Page</p>		

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F 563	<p>Continued From page 6</p> <p>provide new guidance for Long Term Care Centers. Based on these guidelines SDVH [South Dakota Veterans Home] will begin allowing scheduled visits that will occur in resident rooms beginning Monday, March 15th."</p> <p>***Visitor Guidelines"</p> <p>-"All visits must be scheduled in advance."</p> <p>-"Approved visiting time slots are below. Four (4) total visits can be booked at each time slot:"</p> <p>--"Monday-Friday: 9:45-10:45 am; 12:30-1:30 pm; 2:30-3:30 pm; 3:45-4:45 pm</p> <p>-- Sunday*: 1:00-2:00 pm; 2:15-3:15 pm; 3:30 pm-4:30 pm"</p> <p>--"Please note, the Sunday hours are very limited and are intended for those who absolutely cannot visit during the week."</p> <p>-"Visit must be scheduled prior to arrival. No exceptions."</p> <p>-"Visit duration is 60 minutes (to maintain core principles of infection prevention in the facility and allow access for all residents to have visits we must limit duration of visit)"</p> <p>*There had been no mention of compassionate care visitations.</p> <p>Review of the revised 3/10/21 CMS QSO-20-39-NH section titled 'Compassionate Care Visits' revealed:</p> <p>***While end-of-life situations have been used as examples of compassionate care situations, the term compassionate care situations does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to: A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration." [and] "A resident, who used</p>	F 563	<p>d. Lastly, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. Also, as noted above, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.</p>		

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F 563	Continued From page 7 to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past). -"Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak."	F 563			
F 692 SS=E	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure two of two sampled residents (32 and 58) with	F 692	F692: Nutrition/Hydration Status Maintenance: Residents 32 & 58 were referred for a dietary consult on 07/15/2021. Assessment on resident 58 completed 7/15/2021 (see attachment C2), and assessment for resident 32 (see attachment C3) was done on 07/20/2021. The Dietitian will meet with resident 32 & 58 and provide dietary education by 08/31/2021. It is the policy of this facility to provide liberal diets; per policy all residents have the option to request a liberalized diet and will be offered dietary education. The resident has the right to decline the diet and a declination form (Attachment C) will be completed. The Resident Care Coordinator, Dietitian and Dietary Manager (whom are part of the interdisciplinary team) will review resident diets, upon admission, annually and quarterly per the MDS assessment schedule and as needed when significant change is identified (a significant change assessment is a decline or improvement in a resident's status that will not normally resolve itself without intervention by staff or by implementing stand disease- related clinical interventions, 2. is not "self- limiting" impacts more than one area of the resident's health and 3. requires interdisciplinary review and or revision of the care plan). F692 Continued on Next Page		Resident 58 assessment completed on 07/15/2021 Resident 32 assessment completed on 07/20/2021 Dietary education completed for resident 32 on 08/10/2021 Dietary education completed for resident 58 on 08/03/2021

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F 692	<p>Continued From page 8</p> <p>physician ordered diabetic diets had implemented that diet order. Findings include:</p> <p>1. Observation and interview on 6/24/21 at 9:10 a.m. with resident 58 revealed: *She was in her room eating breakfast. *That breakfast had consisted of biscuits and gravy and cereal. *When questioned she stated she was on a regular diet and had no meal restrictions Review of resident 58's record revealed: *An admit date of 5/13/21. *Diagnoses for Diabetes Mellitus. *A physicians order to have a 2,000 calorie diabetic diet.</p> <p>Interview on 6/24/21 at 2:00 p.m. with household coordinator (HHC) I and certified homemaker (facility name for certified nurse aide/medication aide) J revealed: *Resident 58 was on a regular diet. -They were unaware of any dietary restrictions for her. *HHC I stated dietary manager (DM) F was in charge of placing dietary profile sheets into the Nutrition and Sanitation Binders kept in kitchenette's in each neighborhood of the facility. *The DM F was responsible to update the dietary profile sheets for each resident. *Review of the dietary profile sheet for resident 58 revealed a regular diet with regular texture.</p> <p>2. Interview on 6/22/21 at 2:15 p.m. with resident 32 revealed he: *Had diabetes for about seven or eight years. -Was insulin dependent and on diabetic medication. *Stated he was suppose to have a diabetic diet, but was told it was unable to be provided.</p>	F 692	<p>A dietary consult and or diabetic education will be provided to the resident as needed/requested. The resident care coordinator will audit the diets weekly per the MDS assessment schedule. Audit results will be reviewed monthly at QAPI. Once results have been maintained at 100% for 3 consecutive months the audits will be reduced to monthly per QAPI committee approval.</p> <p>The Dietitian will meet with the Dietary Manager and review the diet options and policies. All CURA staff will receive mandatory dietary education by 08/31/2021. The DON will meet with the Physician providers and educate them on the diet options and documentation of the order by 08/31/2021.</p> <p>Policy revised on 07/22/2021 to include a section on hydration. Smaller 20-ounce cups were ordered. H2O will be passed to all residents every 4 hrs. and documented on the assignment sheet. The Household Coordinator will audit the assignment sheets weekly to monitor compliance. Audit results will be reviewed monthly at QAPI. Once results have been maintained at 100% for 3 consecutive months the audits will be reduced to monthly per QAPI committee approval (see attachment D).</p>	<p>CURA staff dietary education will be completed by 08/31/2021</p> <p>Hydration policy revised on 07/22/2021</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2021
NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747		
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F 692	<p>Continued From page 9</p> <p>-Had voiced his frustration at an unspecified meeting in May 2021 and that concern was supposed to have been followed up on.</p> <p>-Said his spouse had also spoken to staff, but was told "we don't provide diabetic diets."</p> <p>*Had been expected to determine on his own what foods would be appropriate or not appropriate for a diabetic diet.</p> <p>-Was unable to recall a time when any staff had met with him to discuss appropriate food choices for a diabetic diet.</p> <p>*Routinely was provided with breads and desserts with his meals.</p> <p>*Kept a variety of personal snacks in his room.</p> <p>Review of resident 32's care record revealed a physician order dated 12/16/20 for a diabetic diet.</p> <p>Review of resident 32's 6/8/21 dietary progress note completed by registered dietician (RD) N revealed:</p> <p>*A significant change related to a twelve pound weight gain in 30 days had been identified.</p> <p>*He was on a diabetic diet.</p> <p>*There was no indication that RD M had met or discussed with him his dietary needs.</p> <p>Interview on 6/22/21 at 4:40 p.m. with food service worker M preparing to plate the evening meal revealed:</p> <p>*No diabetic diets were served.</p> <p>*She referred to a Nutrition and Sanitation Binder in the serving area for questions regarding specific resident diet information.</p> <p>-Resident 32's dietary profile in that binder indicated he received a regular diet.</p> <p>Interview on 6/24/21 at 9:30 a.m. with cook O</p>	F 692			

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F 692	Continued From page 10 revealed food preparation and food plating for a resident on a diabetic diet was the same as for a resident on a regular diet. Interview on 6/24/21 at 9:40 a.m. with director of dining services E regarding diabetic diets revealed: *He confirmed there were no menu extensions for residents who had required diabetic diets. *There was no information or instruction available to kitchen staff regarding how to accommodate a resident with a physician ordered diabetic diet. *There were eleven residents with diabetic diet orders. Interview on 6/24/21 at 9:55 a.m. with dietary manager F regarding resident 32 revealed: *She was aware he had a physician ordered diabetic diet. -Her clinical dietary reference book had no written instructions how to provide that diet type. *She had thought residents on diabetic diets should not have received breads or desserts. *A part of her regular nutritional assessments had included meeting with residents about their diets. -Had not talked with the resident about his diabetic diet. A policy regarding modified or specialized diets was requested of director of nursing B on 6/24/21 at 12:15 p.m., but was not provided by the end of the survey on 6/24/21 at 6:15 p.m.	F 692			
F 909 SS=D	Resident Bed CFR(s): 483.90(d)(3) §483.90(d)(3) Conduct Regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify	F 909	F 909: Resident Bed Inspection of all bed frames, mattresses and bed rails will be conducted monthly by the Household Coordinator to ensure equipment condition and safety to prevent equipment failure or patient entrapment as part of a regular maintenance program.		08/15/2021

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F 909	<p>Continued From page 11</p> <p>areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, the facility must ensure that the bed rails, mattress, and bed frame are compatible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the provider failed to assess side rails on seven of twelve sampled residents' beds (29, 33, 45, 52, 53, 54, and 63) within total of 71 beds observed, routinely as a part of a preventative maintenance program to ensure those side rails were in good working order and safe from possible resident entrapment. Findings include:</p> <p>1. Observations made between 12:30 p.m. and 6:00 p.m. on 6/22/21 of the above residents' rooms revealed half length side rails on one or both sides of those beds.</p> <p>Interview on 6/23/21 at 3:20 p.m. with physical plant manager D regarding side rails revealed he:</p> <p>*Confirmed side rails had been checked for proper fit if a new resident bed had required side rail installation.</p> <p>*There was no preventative maintenance schedule or re-evaluation of those side rails by an employee of the physical plant department after the initial installation.</p> <p>*Relied on caregivers to submit a work order to physical plant services to assess and correct any reported side rail concerns.</p> <p>Interview on 6/23/21 at 4:45 p.m. with assistant director of nursing C regarding side rails revealed she:</p> <p>*Had thought side rails were assessed to ensure</p>	F 909	<p>F 909: Continued from Page 11</p> <p>All beds, rails and mattresses will be evaluated by 08/15/2021. The Household Coordinator and maintainece will maintain an audit sheet of their neighborhood and submit documentation of assessment of the equipment monthly. Once results have been maintained at 100% for 3 consecutive months the audits will be reduced to quarterly per QAPI committee approval.</p> <p>A side rail section was added to the bed safety/medical equipment policy, revised 07/22/2021(see attachment E).</p>	<p>Side rail section added to Bed Safety/ Medical Equipment Policy on 07/22/2021</p>	

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F 909	<p>Continued From page 12</p> <p>they were in good working order and posed no entrapment risk when quarterly side rail assessments had been completed for those residents who used them.</p> <p>-Agreed that assessment had documented the rationale for the continued need of a side rail, but had not documented whether or not the side rail had been assessed to ensure it was in good working order and safe from possible resident entrapment.</p> <p>A siderail policy was requested of director of nursing B on 6/24/21 at 12:15 p.m. She stated there was no policy.</p>	F 909			

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NAME OF PROVIDER OR SUPPLIER MICHAEL J FITZMAURICE SOUTH DAKOTA VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 MINNEKAHTA AVENUE HOT SPRINGS, SD 57747		
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E 000	Initial Comments A recertification survey for compliance with all Federal, State, and local Emergency Preparedness requirements was conducted on 6/23/21. Michael J Fitzmaurice South Dakota Veterans Home was found in compliance with 42 CFR Part 483.73 requirements.	E 000			
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 6/23/21. Michael J Fitzmaurice South Dakota Veterans Home was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2021
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S 000	Compliance/Noncompliance Statement Surveyor: 18087 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 6/22/21 to 6/24/21. Michael J Fitzmaurice South Dakota Veterans Home was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 40788 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 6/22/21 through 6/24/21. Michael J Fitzmaurice South Dakota Veterans Home was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

If continuation sheet 1 of 1



